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FEC FORM 1

STATEMENT OF ORGANIZATION

PEC MAIL CENTER
2016 APR US 2014 APR US 2014 APR

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					ice Ose Onivitalia iii 3
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
David Guzman for Congre	ss I I				
		11111			
ADDRESS (number and street)	1437	Alta Loma Rd.,	#33ρ		
☐ ◀ (Check if address is changed)	لبنا				
		Hollywood		CA 9 STATE ▲	0069
COMMITTEE'S E-MAIL ADDRE	ss		•		
☐ ◀ (Check if address is changed)	davi	dguzman77@iqloud	1com	 	
		al Second E-Mail Ad imiranda@hotmail		 	
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
(Check if address is changed)			<u> </u>	<u> </u>	<u> </u>
	لبنا				
2. DATE 04 0	0 / Y 9	2016	•		
3. FEC IDENTIFICATION NU	JMBER	▶ C			
4. IS THIS STATEMENT X		W (N) OR	AMENDED (A)		
I certify that I have examined th	nis Staten	nent and to the best	of my knowledge and belief i	t is true, correct and	complete.
Type or Print Name of Treasure	rYo	landa Miranda			
Signature of Treasurer	Jel.	od Me	liste	Date 04	D 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, prone	eous, or in	ncomplete information	may subject the person signing TION SHOULD BE REPORTED	this Statement to the WITHIN 10 DAYS.	penalties of 52 U.S.C. §30109
Office Use			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

FEC	FEC Form 1 (Revised 02/2009)						
TYPE OF COMMITTEE							
Candi	date	e Committee:					
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name o Candida		David Guzman					
Candida Party At		on DEM Sought: X House Senate President	State CA District 29				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name o Candida							
Party	Com	nmittee:					
(d)			nocratic, iblican, etc.) Party.				
Politic	al A	action Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
·		Corporation Corporation w/o Capital Stock Lat	oor Organization				
			operative				
		In addition, this committee is a Lobbyist/Registrant PAC.	•				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint F	und	draising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political				
Committees Participating in Joint Fundraiser							
	1.	FEC ID number C					
:	2.	FEC ID number C					
	3.						
	4.	FEC ID number					

FEC Form 1 (Revised Write or Type Committee Nar		Page 3
David Guzman for Congres		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
Ndne		
Mailing Address		
	CITY STATE	ZIP CODE
	ted Organization Affiliated Committee Joint Fundraising Representative	
 Custodian of Records: Id books and records. 	lentify by name, address (phone number - optional) and position of the perso	n in possession of committee
Full Name	a Miranda 	
Mailing Address	728 W Edna Place	
	Covina CA	91722
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number — optional) of the treasurer of the committee; and , assistant treasurer).	d the name and address of
Full Name Yoland of Treasurer	a Miranda .	
Mailing Address	728 W Edna Place	
	COVINA CA STATE	91722 ZIP CODE
Title or Position Treasurer	Telephone number	- [915] - [7635]

CITY

STATE

ZIP CODE

2016:04:12:0M:000626M9

Mailing Address



TRK# 0201 7827 9685 6250

TUE - 12 APR 10:30/ PRIORITY OVERNIGHT

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USPS Priority Mail Express	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify): Fed (x. Next Business I	Shipping Date #/10/16 Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	eipt or Postmarked				
PREPARER	4/12/16 DATE PREPARED				
(3/2015)	DATE PREPARED				